

CITY OF NEWTON, MASSACHUSETTS

PURCHASING DEPARTMENT

purchasing@newtonma.gov

Fax (617) 796-1227

January 14, 2011

ADDENDUM #2

REQUEST FOR QUOTE #11-44

DESIGNER SELECTION – ON CALL FOR ARCHITECTURAL, INTERIOR SPACE PLANNING, AND OTHER RELATED ENGINEERING SERVICES

THIS ADDENDUM IS TO: **Answer the following Questions:**

Q1. Are the school studies and planning to be part of the SMBA (Mass School Building Authority) process? How will this work relate to the MSBA process? Does the City of Newton have an understanding with the MSBA at this time for this work?

A1. Some will and some will not, that will be determined when the project is assigned.

Q2. Is there a term limit to the On Call Contract? If so, for how long? What, if any, is the renewal process for the On Call Contract?

A2. The contract is for one year with the City option to renew for two additional one year periods.

Q3. Is there a fee dollar value cap per either an individual project or for the total contract?

A3. The fee cap is \$200,000 per project but there is no upper limit.

Q4. Do you intend to select more than one On Call Architect at this time?

A4. We anticipate awarding to at lead three firms.

Q5. Do you want us to specify the scope of work we are particularly suited to?

A5. The submittal should show the type of work the firm has done in the past and they should answer the questions contained within the RFP that will outline the firms previous work.

Q6. When can we expect your response?

A6. Within 14-21 days from the receipt of the RFP.

Q7. For each of the project types listed under the headings “Building Envelope, Addition, Renovations”, (8 project types listed) “Space Programming; Analysis; Feasibility” (5 project types listed), and “Related Engineering Services” (4 project types listed) – are you requiring, in addition to the Questionnaire answered, back-up information for each of the project types listed? For example under the “Building Envelope, Addition, Renovations” examples of projects we have worked on for the 8 types listed. If so, should they be listed under the 8a of the questionnaire or listed separately under a different tab in the proposal?

A7. They should be listed under 8a of the questionnaire and additional information provided as required.

Q8. It is requested that a Tax Attestation Statement and Certificate of Corporate Authority be included with the DSB form. However, these forms were not included in the package. I took a quick look on your website and couldn’t find them. Could you please send me a copy or let me know where they are available on your website.

A8. See attached copies of each form

Q9. Is the DSB form available as a Word document rather than PDF? If not, would the City accept our using the 2005 version of the roughly-equivalent MA form?

A9. See attached Word Copy of Questionnaire

Q10. The project was listed separately for both Architectural and Engineering disciplines. Will you be obtaining engineering services separately or would you like us to list a few possible consultants? (actual choice/involvement of consultants would vary on project type of course).

A10. Potential consultants you would be using on City of Newton projects should be listed.

Q11. Under your Equal Opportunity Requirements you make reference to title VI and Title VIII civil rights acts of 1964 1968 . Could you clarify if teams have a specific percentage requirement for minority and women?

A11. Neither Title VI or VIII contain specific percentage requirements for minority and women.

All other terms and conditions of this bid remain unchanged

PLEASE ENSURE THAT YOU ACKNOWLEDGE THIS ADDENDUM ON YOUR BID FORM

Thank you.



Rositha Durham

Chief Procurement Officer

ATTACHMENT A

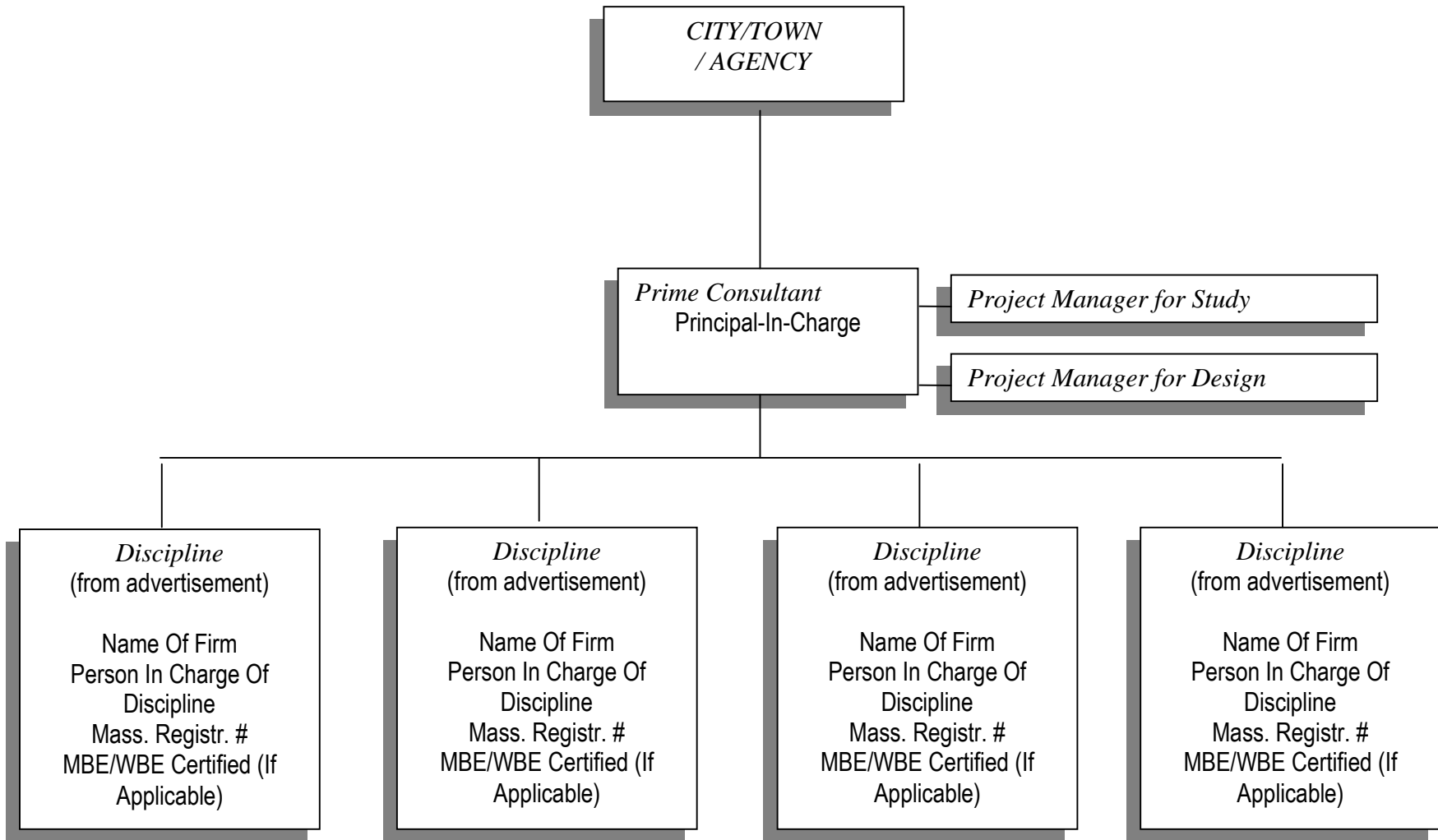
<p>Commonwealth of Massachusetts</p> <p>Standard Designer Application Form for Municipalities and Public Agencies not within DSB Jurisdiction</p> <p>2005 (Updated May 2009)</p>	<p>1 Project Name/Location For Which Firm Is Filing:</p> <p>“On Call” Architectural and related Engineering Services at various School and Municipal Facilities for the City of Newton, Public Buildings Department</p>	<p>2. Project #</p> <p>This space for use by Awarding Authority only.</p>
<p>3a. Firm (Or Joint-Venture) - Name And Address Of Primary Office To Perform The Work:</p>	<p>3e Name Of Proposed Project Manager:</p> <p>For Study: (if applicable) For (if applicable) Design:</p>	
<p>3b. Date Present And Predecessor Firms Were Established:</p>	<p>3f. Name And Address Of Other Participating Offices Of The Prime Applicant, If Different From Item 3a Above:</p>	
<p>3c. Federal ID #:</p>	<p>3g Name And Address Of Parent Company, If Any:</p>	
<p>3d. Name And Title Of Principal-In-Charge Of The Project (MA Registration Required):</p> <p>Email Address: Telephone No: Fax No.:</p>	<p>3h. Check Below If Your Firm Is Either:</p> <p>(1) SOMWBA Certified Minority Business Enterprise (MBE) <input type="checkbox"/> (2) SOMWBA Certified Woman Business Enterprise (WBE) <input type="checkbox"/> (3) SOMWBA Certified Minority Woman Business Enterprise (M/WBE) <input type="checkbox"/></p>	

4. Personnel From Prime Firm Included In Question #3a Above By Discipline (List Each Person Only Once, By Primary Function -- Average Number Employed Throughout The Preceding 6 Month Period. Indicate Both The Total Number In Each Discipline And, Within Brackets, The Total Number Holding Massachusetts Registrations):

Admin. Personnel	_____	(_____)	Ecologists	_____	(_____)	Licensed Site	_____	(_____)	_____	(_____)
Architects	_____	(_____)	Electrical Engrs.	_____	(_____)	Mechanical Engrs.	_____	(_____)	_____	(_____)
Acoustical Engrs.	_____	(_____)	Environmental	_____	(_____)	Planners:	_____	(_____)	_____	(_____)
Civil Engrs.	_____	(_____)	Fire Protection	_____	(_____)	Specification	_____	(_____)	_____	(_____)
	_____	(_____)	Geotech. Engrs.	_____	(_____)	Structural Engrs.	_____	(_____)	_____	(_____)
Construction	_____	(_____)	Industrial	_____	(_____)	Surveyors	_____	(_____)	_____	(_____)
Cost Estimators	_____	(_____)	Interior Designers	_____	(_____)		_____	(_____)	_____	(_____)
Drafters	_____	(_____)	Landscape	_____	(_____)		_____	(_____)	Total	_____ (_____)

5. Has this Joint-Venture previously worked together? ☐ Yes ☐ No

6. List **ONLY** Those Prime And Sub-Consultant Personnel Specifically Requested In The Advertisement. This Information Should Be Presented Below In The Form Of An Organizational Chart. Include Name Of Firm And Name Of The One Person In Charge Of The Discipline, With Mass. Registration Number, As Well As MBE/WBE Status, If Applicable:



<p>7. Brief Resume Of <u>ONLY</u> Those Prime Applicant And Sub-Consultant Personnel Requested In The Advertisement. Confine Responses To The Space Provided On The Form And Limit Resumes To <u>ONE</u> Person Per Discipline Requested In The Advertisement. Resumes Should Be Consistent With The Persons Listed On The Organizational Chart In Question # 6. Additional Sheets Should Be Provided Only As Required For The Number Of Key Personnel Requested In The Advertisement And They Must Be In The Format Provided. By Including A Firm As A Sub-Consultant, The Prime Applicant Certifies That The Listed Firm Has Agreed To Work On This Project, Should The Team Be Selected.</p>	
a. Name And Title Within Firm:	a. Name And Title Within Firm:
b. Project Assignment:	b. Project Assignment:
c. Name And Address Of Office In Which Individual Identified In 7a Resides: <div style="text-align: right;">MBE <input type="checkbox"/> WBE <input type="checkbox"/></div>	c. Name And Address Of Office In Which Individual Identified In 7a Resides: <div style="text-align: right;">MBE <input type="checkbox"/> WBE <input type="checkbox"/></div>
d. Years Experience: With This Firm: _____ With Other Firms: _____	d. Years Experience: With This Firm: _____ With Other Firms: _____
e. Education: Degree(s) /Year/Specialization	e. Education: Degree(s) /Year/Specialization
f. Active Registration: Year First Registered/Discipline/Mass Registration Number	f. Active Registration: Year First Registered/Discipline/Mass Registration Number
g. Current Work Assignments And Availability For This Project:	g. Current Work Assignments And Availability For This Project:
h. Other Experience And Qualifications Relevant To The Proposed Project: (Identify Firm By Which Employed, If Not Current Firm):	h. Other Experience And Qualifications Relevant To The Proposed Project: (Identify Firm By Which Employed, If Not Current Firm):

8a. Current And Relevant Work By Prime Applicant Or Joint-Venture Members. Include **ONLY** Work Which Best Illustrates Current Qualifications In The Areas Listed In The Advertisement (List Up To But Not More Than 5 Projects).

a. Project Name And Location Principal-In-Charge	b. Brief Description Of Project And Services (Include Reference To Relevant Experience)	c. Client's Name, Address And Phone Number (Include Name Of Contact Person)	d. Completion Date (Actual Or Estimated)	e. Project Cost (In Thousands)	
				Constr. Costs (Actual, Or Est. If Not Completed)	Fee for Work for Which Firm Was Responsible
(1)					
(2)					
(3)					
(4)					
(5)					

8b. List Current And Relevant Work By Sub-Consultants Which Best Illustrates Current Qualifications In The Areas Listed In The Advertisement (Up To But Not More Than 5 Projects For Each Sub-Consultant). Use Additional Sheets Only As Required For The Number Of Sub-Consultants Requested In The Advertisement.

Sub-Consultant
Name:

a. Project Name And Location Principal-In-Charge	b. Brief Description Of Project And Services (Include Reference To Relevant Experience	c. Client's Name, Address And Phone Number. Include Name Of Contact Person	d. Completion Date (Actual Or Estimated)	e. Project Cost (In Thousands)	
				Construction Costs (Actual, Or Estimated If Not Completed)	Fee For Work For Which Firm Was/Is Responsible
(1)					
(2)					
(3)					

(4)					
(5)					

9. List All Projects Within The Past 5 Years For Which Prime Applicant Has Performed, Or Has Entered Into A Contract To Perform, Any Design Services For All Public Agencies Within The					
Role P, C, JV *	Phases St., Sch., D.D., C.D.,A.C.*	Project Name, Location And Principal-In-Charge	Awarding Authority (Include Contact Name And Phone Number)	Construction Costs (Actual, Or Estimated If Not Completed)	Completion Date (Actual or Estimated) (R)Renovation or (N)New
		1.			
		2.			
		3.			
		4.			
		5.			
		6.			
		7.			
		8.			
		9.			
		10.			

		11.			
		12.			

* P = Principal; C = Consultant; JV = Joint Venture; St. = Study; Sch. = Schematic; D.D. = Design Development; C.D. = Construction Documents; A.C. = Administration of Contract

10. Use This Space To Provide Any Additional Information Or Description Of Resources Supporting The Qualifications Of Your Firm And That Of Your Sub-Consultants For The Proposed Project. If Needed, Up To Three, Double-Sided 8 1/2" X 11" Supplementary Sheets Will Be Accepted. **APPLICANTS ARE REQUIRED TO RESPOND SPECIFICALLY IN THIS SECTION TO THE AREAS OF EXPERIENCE REQUESTED IN THE ADVERTISEMENT.**

11. Professional Liability Insurance:

Name of Company	Aggregate Amount	Policy Number	Expiration Date
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12. Provide A List Of All Projects On Which Monies Were Paid By You, Or On Your Behalf, As A Result Of Professional Liability Claims Occurring Within The Last 5 Years And In Excess Of \$50,000 Per Incident. Please Include Project, Client Names And Explanation. (Attach Separate Sheet If Necessary): **PLEASE ANSWER "YES" or "NO". IF "YES" PLEASE GIVE DETAILS.**

13. Name Of Sole Proprietor Or Names Of All Firm Partners And Officers:

Name	Title	MA Reg #	Status/Discipline	Name	Title	MA Reg #	Status/Discipline
a.				d.			
b.				e.			
c.				f.			

14. If Corporation, Provide Names Of All Members Of The Board Of Directors:

Name	Title	MA Reg #	Status/Discipline	Name	Title	MA Reg #	Status/Discipline
a.				d.			
b.				e.			
c.				f.			

15.	Names Of All Owners (Stocks Or Other Ownership):						
	Name And Title	% Ownership	MA. Reg.#	Status/Discipline	Name And Title	% Ownership	MA. Reg.#
	Status/Discipline						
	a.				d.		
	b.				e.		
	c.				f.		

16.	I hereby certify that the undersigned is an Authorized Signatory of Firm and is a Principal or Officer of Firm. I further certify that this firm is a "Designer", as that term is defined in Chapter 7, Section 38A1/2 of the General Laws, or that the services required are limited to construction management or the preparation of master plans, studies, surveys, soil tests, cost estimates or programs. The information contained in this application is true, accurate and sworn to by the undersigned under the pains and penalties of perjury.		
	Submitted by (Signature)	Printed Name and Title	Date

CERTIFICATE OF AUTHORITY - CORPORATE

1. *I hereby certify that I am the Clerk/Secretary of* _____
(insert full name of Corporation)
2. corporation, and that _____
(insert the name of officer who signed the **contract and bonds.**)
3. is the duly elected _____
(insert the title of the officer in line 2)
4. of said corporation, and that on _____
(insert a date that is ***ON OR BEFORE*** the date the officer signed the **contract and bonds.**)

at a duly authorized meeting of the Board of Directors of said corporation, at which all the directors were present or waived notice, it was voted that

5. _____ the _____
(insert **name** from line 2) (insert **title** from line 3)
- of this corporation be and hereby is authorized to execute contracts and bonds in the name and on behalf of said corporation, and affix its Corporate Seal thereto, and such execution of any contract of obligation in this corporation's name and on its behalf, with or without the Corporate Seal, shall be valid and binding upon this corporation; and that the above vote has not been amended or rescinded and remains in full force and effect as of the date set forth below.

6. ATTEST: _____ *AFFIX CORPORATE SEAL HERE*
(Signature of **Clerk or Secretary**)*
7. Name: _____
(Please print or type name in line 6)*
8. Date: _____
(insert a date that is ***ON OR AFTER*** the date the officer signed the **contract and bonds.**)

* The name and signature inserted in lines 6 & 7 **must** be that of the **Clerk or Secretary** of the corporation.

ATTESTATION

Pursuant to MG c. 62C, § 49A, the undersigned acting on behalf of the Contractor, certifies under the penalties of perjury that, to the best of the undersign's knowledge and belief, the Contractor is in compliance with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support.*

**Signature of Individual
or Corporate Contractor (Mandatory)

*** Contractor's Social Security Number
(Voluntary) or Federal Identification Number

By: _____
Corporate Officer
(Mandatory, if applicable)

Date: _____

* The provision in the Attestation relating to child support applies only when the Contractor is an individual.

** Approval of a contract or other agreement will not be granted unless the applicant signs this certification clause.

*** Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Providers who fail to correct their non-filing or delinquency will not have a contract or other agreement issued, renewed, or extended. This request is made under the authority of GL c. 62C, § 49A.